



Compassionate Use Registry Identification Card Application Instructions for Legal Representatives

A legal representative means the qualified patient's parent, legal guardian acting pursuant to a court's authorization as required under section 744.3215(4), Florida Statutes, health care surrogate acting pursuant to the qualified patient's written consent or a court's authorization as required under section 765.113, Florida Statutes, or an individual who is authorized under a power of attorney to make health care decisions on behalf of the qualified patient.

LEGAL REPRESENTATIVE APPLICATION MUST INCLUDE ALL OF THE FOLLOWING

- A completed application. By providing your email address, you consent to the Department contacting you through the email address, including the provision of a temporary verification email.
- A copy of the proof of legal representation
- A \$75 check or money order (application fee) made out to Florida Department of Health.
- A full-face, passport-type 2x2 inches in size, color photograph taken within the 90 days immediately preceding application.

RENEWAL APPLICATIONS

All Compassionate Use Registry Identification Cards expire 1 year after the date of the physician's initial order. Submit renewal applications 45 days before your card expires. Renewal applications CANNOT be used to purchase low-THC cannabis, medical cannabis, or a cannabis delivery device.

NOTICE ON THE COLLECTION, USE, OR RELEASE OF SOCIAL SECURITY NUMBERS

Florida law requires that public agencies provide individuals with a written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which the public agency collects an individual's social security number. The collection of social security numbers by the Florida Department of Health is either specifically authorized by law or imperative for the performance of the Florida Department of Health's duties and responsibilities as prescribed by law. This notice is provided pursuant to Subsection 119.071(5)(a), Florida Statutes. For the Compassionate Use Registry Identification Card Qualified Patient Application, social security numbers are collected and used for identification purposes to ensure that the number identifier assigned to the qualified patient is unique and matches the identity of the qualified patient, as authorized by sections 119.071(5)(a)2. and 119.071(5)(a)6., Florida Statutes. Social security numbers collected for this purpose will remain confidential.

KEEP THESE INSTRUCTIONS AND A COPY OF YOUR COMPLETED APPLICATION FOR FUTURE REFERENCE.

ELECTRONIC APPLICATION:

Expedite your application by applying online at <https://curegistry.flhealth.gov/>

MAIL COMPLETED APPLICATION TO:

Florida Department of Health
ATTN: Office of Compassionate Use
4052 Bald Cypress Way
Tallahassee, FL 32399

The fastest way to apply is ONLINE! Once your physician has added you, and your email address to the Compassionate Use Registry, you can log on using your email address and apply online. Log in here: <https://curegistry.flhealth.gov/> All you will have to mail is the \$75 application fee, payable by check or money order to the Department of Health.

Please note your patient ID number on the check.

FLORIDA DEPARTMENT OF HEALTH

Office of Compassionate Use

Low-THC Cannabis & Medical Cannabis



Rick Scott, Governor of the State of Florida
Celeste Philip, MD, MPH, Surgeon General and Secretary

FloridaHealth.gov

4052 Bald Cypress Way, Tallahassee, Florida 32399-3265 • 850-245-4657

Compassionate Use Registry Identification Card

Legal Representative Application

☐ Initial Application

☐ Renewal Application

Mail Completed Application to:
Florida Department of Health
ATTN: Office of Compassionate Use
4052 Bald Cypress Way
Tallahassee, FL 32399

Patient Registry ID #: _____

The patient you represent must have been added to the Compassionate Use Registry by your physician and have patient ID number prior to applying.

Patient Information

First Name		Last Name		Middle Initial	
Date of Birth	Social Security Number		Mailing Address		
City		Apt/Ste #	State	Zip Code	
Telephone		Email (optional to receive communication, including a temporary verification)			

The name and address on the documents provided for residency must match the name and address on the application.

Provide an email to receive updates on application, card & track status.

Legal Representative Information

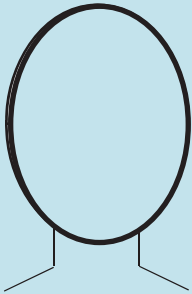
First Name		Last Name		Middle Initial	
Date of Birth	Social Security Number		Mailing Address		
City		Apt/Ste #	State	Zip Code	
Telephone		Email (optional to receive communication, including a temporary verification)			

The name and address on the documents provided for residency must match the name and address on the application.

Please note that they cannot be the same email address for patients

Legal Representative Passport Photo

STAPLE
2"x2"



STAPLE
2"x2"

Submit a full-face, passport-type, color photograph of the patient taken within the 90 days immediately preceding registration, and 2x2 inches in size.

The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch, and not more than 1 3/8 inches. The photograph must be color, clear, with a full front view of your face, and printed on photo quality paper with a plain light

(white background). The 2x2 passport style photo submitted with your application must be color, clear, with a full front view of your face, on white background.

Please see attached photo samples of acceptable and unacceptable photos
must not be worn in the passport photograph. Any photograph retouched so that your appearance is changed is unacceptable. A snapshot, most vending machine prints, and magazine or full-length photographs are unacceptable.

I hereby certify the above information to be accurate and complete and no one other than me is submitting this request on my behalf.

Legal Representative Name (*Print*)

Legal Representative Signature

Date

Applications must be signed in order to be fully processed, as well as to print an ID card.

Legal representatives must provide documentation that they qualify as a legal representative under Florida law, be added to the Compassionate Use Registry, and submit a legal representative application. This can be satisfied by providing documentation that the legal representative of the patient is:

- The patient's parent (birth certificate),
- Legal guardian acting pursuant to a court's authorization,
- Health care surrogate acting pursuant to the qualified patient's written consent or a court's authorization, or
- An individual who is authorized under a power of attorney to make health care decisions on behalf of the qualified patient.

Check or Money Order: All applications must include a \$75 processing fee made out to the Florida Department of Health. Please include your name, patient ID number, or other identifying information on the check/ M.O.

- The Department is unable to accept cash payments.
- The Office of Compassionate Use is unable to process payments that are not signed

Photo Examples for ID Cards



CORRECT

Photo is clear and in color, reproduces skin tones accurately, and is properly exposed with no shadows.



Photo Altered

Background is cropped out using a photo retouching tool, altering the outline of the head, face, and neck.



Photo Color

Color is not accurate. Photo should reproduce skin tones accurately.



Blurry

Photo is blurred; face is not in focus.



Wearing Glasses

Sun glasses and eye glasses are not allowed.



Wearing Hat

Hats and head clothing covers part of the face, and there are shadows on the face.



Laughing

Exaggerated facial expression or laughing in photos are not allowed.



Looking Down

Subject is looking down, head is tilted forward. Should be sitting and facing camera.



Looking Up

Head is tilted backward. Should be sitting and facing camera.



Off Center

Head is not centered properly.



Over Exposed

Photo is overexposed (too light)



Low Quality

Photo displays a visible printer dot pattern. (image appears grainy)

Photo Examples for ID Cards



Red Eyes

Image has the “red eye” effect. Retake a photo that does not include the red eye effect.



Shadows

There are shadows on the face and background.



Face in Shadow

Portion of subjects face is hidden by shadows and bad lighting.



Thin Face/Distorted

Image has been digitally altered to appear thinner.



Too Close

Camera too close to subject, causing fish-eye distortion; head size too large.



Too Far Away

Incorrectly cropped; head size is too small in photo.



Too Dark

Photo is underexposed (too dark)



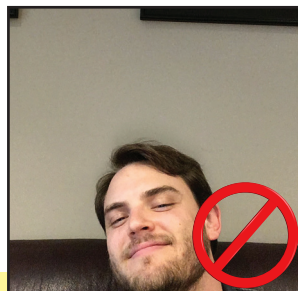
Wrong Background

Background is not white/off white.



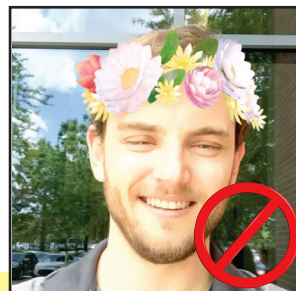
Background Issue

Background is not white or off-white.



Selfie

Selfies are prohibited.



Snapchat Filter

Snapchat filters or additional decorations added to photo are prohibited

Link to more examples: <https://travel.state.gov/content/passports/en/passports/photos.html>